DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505182	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/25/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE MOUNT ST VINCENT	**4831 35TH AVENUE SOUTHWEST SEATTLE, WA 98126**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		

Surveyor: 19192
On September 25, 2013 an unannounced fire and life safety code recertification survey was conducted at Providence Mount Saint Vincent located at 4831 35 th ave SW Seattle WA, 98126 by a representative of the Washington State Patrol, State Fire Marshal's Office. This survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.

This facility consists of two buildings, the first is a five story type 1 fr structure with the skilled nursing on floors 2 thru 5, the second is a 3 story type 1 fr structure with skilled nursing on the third floor, exiting from both is through rated stair enclosures, both are protected throughout by a full NFPA 13 fire sprinkler system and automatic smoke detection.

The total licensed capacity is 215 residents with a census today of 39 in SJR and 147 in the main building.

The facility is not in compliance at this time.

Following are the deficiencies cited as a result of this survey:

[redacted]
Deputy State Fire Marshal

K 018 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[redacted]	Dir of Ops	10/4/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on September 25, 2013 from 0930 to 1230 it was observed that the facility failed to maintain the fire rated doors in the building capable of self closing and latching tight to the frame, this has the potential for the passage of smoke throughout the corridors in the event of a fire, these findings were acknowledged at the time of the survey by the facility maintenance director. The findings were: 1. The double smoke doors on the third floor by stairwell #3 failed to close and latch, the door was dragging on the frame and not closing. (this deficiency was corrected at the time of the survey) 2. The double fire separation doors into the chapel failed to close and latch when the doors used the coordinator. (this deficiency was	K 018		

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K 018	Continued From page 2 corrected at the time the survey) 3. The door to the clean linen room on the third floor across from resident room #N310 failed to close and latch. (this deficiency was corrected at the time of the survey) 4. The door to the closet on the third floor of SJR across from resident room #324 failed to close and latch. 5. The main fire separation door into the SJR failed to close and latch.	K 018	K 018 NFPA 101 4. The door to the closet on the third floor of SJR across from resident room #324 was adjusted on September 25, 2013. Tested and working. 5. The main separation door into SJR was adjusted on September 25, 2013. Tested and working.	
K 020 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on September 25, 2013 from 0930 to 1230 it was observed that the facility failed to maintain the vertical openings in the building, this has the potential for smoke to penetrate the chute and travel to upper floors, this finding was acknowledged at the time of the survey by the facility maintenance director. The finding was: 1. The door to the soiled linen chute on the 4 th floor failed to close and latch.	K 020	K 020 NFPA 101 1. The door to the soiled linen chute on the 4th floor was adjusted on September 25, 2013. Tested and working.	
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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K 147	Continued From page 3 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on September 25, 2013 from 0930 to 1230 it was observed that the facility failed to maintain the electrical requirements of the building this has the potential for the electrical system to be overloaded, this finding was acknowledged at the time of the survey by the facility maintenance director. The finding was: 1. In the resident rooms throughout the the skilled nursing floors there are power strip devices powering appliances other than computers.	K 147	K 147 NFPA 101 1. The power strips in resident rooms was removed and replaced by an approved multi-plug adapter on October 4, 2013.	